FACILITY NAME AND PERMIT NUMBER:

Peirce Island WWTP - NPDES Permit No. NH0100234

Form Approved 1/14/99 OMB Number 2040-0086

## SUPPLEMENTAL APPLICATION INFORMATION

## INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES PART F.

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F. GENERAL INFORMATION: F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program? Yes X No F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works. a. Number of non-categorical SIUs. b. Number of CIUs. SIGNIFICANT INDUSTRIAL USER INFORMATION: Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU. F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary. Name: Mailing Address: F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge. Principal product(s): Raw material(s): F.6. Flow Rate. a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. continuous or gpd intermittent) b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. (\_\_\_\_continuous or \_\_\_\_intermittent) F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following: a. Local limits \_\_\_\_Yes \_\_\_\_No b. Categorical pretreatment standards Yes No If subject to categorical pretreatment standards, which category and subcategory?